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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 May 31, 2005

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Issuance of limited liability company units Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 Rule 506 Rule 4(6) ULOE Type of Filing: New Filing Amendment **BASIC IDENTIFICATION DATA** 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Fifth Group Restaurants, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) 887 West Marietta Street, NW, Studio K-102, Atlanta, GA 30318 (404) 815.4700 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) same same Brief Description of Business Acquire, own, operate, manage, dispose of and otherwise deal in all respects with food services businesses Type of Business Organization corporation limited partnership, already formed other (please specify): **limited liability company** business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Mo Year Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: Α CN for Canada: FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

 Each beneficial owner having the securities of the issuer; 	e power to vote or dispose	e, or direct the vote or disp	position of, 10% or	more of a class of equity
Each executive officer and directed	or of corporate issuers and	of corporate general and m	anaging partners of	partnership issuers: and
 Each general and managing partn 	*		S	F
Check Box(es) that Apply: ✓ Promoter	Beneficial Owner	Executive Officer	☐ Director ⊠	General and/or Managing
Partner/ Manager			·	
Full Name (Last name first, if individual)				
Next Generation Restaurants, LLC				
Business or Residence Address (Number a		,		
887 West Marietta Street, NW, Studio k	K-102, Atlanta, Georgia 3	0318		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	·			Tartilei
Simon, Steven D.				
Business or Residence Address (Number a	nd Street, City, State, Zip	Code)		- 4,
887 West Marietta Street, NW, Studio H	K-102, Atlanta, Georgia 3	0318		
Check Box(es) that Apply: ☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Kukler, Robert A.				
Business or Residence Address (Number a	and Street, City, State, Zip	Code)		
887 West Marietta Street, NW, Studio F	K-102, Atlanta, Georgia 3	0318		
Check Box(es) that Apply: ☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing
Full Name (Last name first, if individual)				Partner
Reinhard, Kristopher Business or Residence Address (Number a	and Street City State 7in	Codo		
887 West Marietta Street, NW, Studio F	• • • • • • • • • • • • • • • • • • • •	· ·		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zip	Code)		
(Use blan	k sheet, or copy and use ad	ditional copies of this shee	t, as necessary.)	

BASIC IDENTIFICATION DATA

A.

Each promoter of the issuer, if the issuer has been organized within the past five years;

Enter the information requested for the following:

2.

		· · · · · · · · · · · · · · · · · · ·		B. IN	FORMAT	ION ABO	UT OFFE	RING				-54.5	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No			
2. What is the minimum investment that will be accepted from any individual?								ľ	N/A				
3. Does the offering permit joint ownership of a single unit?								Yes ⊠	No				
commi If a per or state	ssion or sings son to be less, list the r	nilar remulisted is an name of the	neration fo associated broker or	r solicitation person or a dealer. If r	on of purch	asers in co proker or d ive (5) per	ealer registe sons to be l	ith sales of ered with t	securities he SEC and	ectly, any in the offeri d/or with a s ersons of su	ing. tate	N/A	
Full Name	(Last name	first, if inc	dividual)									· · · · · · · · · · · · · · · · · · ·	
N/A													
Business or	Residence	Address (Number ar	nd Street, C	City, State,	Zip Code)							
Name of A	ssociated E	Broker or D	ealer						, , , , , , , , , , , , , , , , , , , ,				
States in W	hich Perso	n Listed H	as Solicited	d or Intend	s to Solicit	Purchasers	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
(Check ".	All States"	or check is	ndividual S	States)						🔲 Al	I States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC)]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	}
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if in	dividual)										
N/A													
Business or	Residence	Address (Number ar	nd Street, C	City, State,	Zip Code)							
Name of A	ssociated E	Broker or D	ealer										
States in W	hich Perso	n Listed H	as Solicited	d or Intend	s to Solicit	Purchasers	5						
(Check "	All States"	or check i	ndividual S	States)							l States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	-
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	_
Full Name													-
N/A	•	·	,										
Business or	Residence	Address (Number ar	nd Street, (City, State,	Zip Code)	· · · · · · · · · · · · · · · · · · ·						
Name of A	ssociated E	Broker or D	ealer			<u> </u>							
States in W	hich Perso	n Listed H	as Solicited	d or Intend	s to Solicit	Purchaser	<u> </u>						
(Check "	All States"	or check i	ndividual S	States)						🔲 A1	l States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[lD]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC)]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PR	OCEEDS		we ^{pp}
1.	Enter the aggregate offering price of securities included in this offering and the total amount			·	
	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,				
	check this box and indicate in the columns below the amounts of the securities offered for				
	exchange and already exchanged.				
	Type of Sequents		ggregate		mount
	Type of Security		ering Price		eady Sold
	Debt			\$	
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify) (limited liability company units)	\$ <u>2,000,000</u> \$ <u>2,000,000</u>		\$ <u>1,250,000</u>	
	Total:			\$ 1,250,000	
	Answer also in Appendix, Column 3, if filing under ULOE.				
_					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in				
	this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount				
	of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
				Ag	ggregate
					ar Amount
			er Investors	of F	Purchases
	Accredited Investors			\$ <u>1,25</u>	0,000
	Non-accredited Investors				0
	Total (for filings under Rule 504 only)		N/A		N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all				
٦.	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12)	(N/A)			
	months prior to the first sale of securities in this offering. Classify securities by type listed in	(IVA)			
	Part C – Question 1.				
		•	Гуре of	Dolla	ar Amount
	Type of offering		Security		Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	19.
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the			~	
→.	securities in this offering. Exclude amounts relating solely to organization expenses of the				
	issuer. The information may not be given as subject to future contingencies. If the amount of an				
	expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		🖂	\$	30,000
	Accounting Fees			\$	
	Engineering Fees			\$ \$	**
	Sales Commissions (specify finders' fees separately)			\$ \$	
	Other Expenses (identify) administrative costs and reimbursement of offering expenses				70,000
	Total				
	1 0ta1		المنا	\$ <u> </u>	000,000

	- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>1,900,000</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.		
		Payments to	
		Officers,	
		Directors &	Payments To
		Affiliates	Others
	Salaries and fees	\$	[] \$
	Purchase of real estate	\$	\$
	Purchase, rental or leasing and installation of machinery and equipment	S	\$
	Construction or leasing of plant buildings and facilities	\$	[_] \$
	Acquisition of other businesses	\$	_ 🗆 \$
	Payment of indebtedness	S	[] \$
	Working Capital	\$	■ \$1,900,000
	Other (specify):	□ \$	🗆 \$
	Column Totals	\$	🗆 \$
	Total Payments Listed (column totals added)	⊠ \$_	1,900,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Fifth Group Restaurants, LLC	Signature	Date 08/28/2006
Name of Signer (Print or Type) Steven D. Simon	Title of Signer (Print or Type) Authorized Member of Manager (Next Generation	on Restaurants, LLC)

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)